

1.) CORPORATION NAME:

Space Adventures LTD.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1699455**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8245 BOONE BOULEVARD
SUITE 570

CITY/ST/ZIP: VIENNA, VA 22182-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ERIC C ANDERSON OFFICER DIRECTOR
 TITLE: OFF/DIR/EXEC D
 ADDRESS: 8245 BOONE BOULEVARD
 SUITE 570
 CITY/ST/ZIP/CO: VIENNA, VA 22182-

NAME: MICHAEL J HENKE OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 8245 BOONE BOULEVARD
 SUITE 570
 CITY/ST/ZIP/CO: VIENNA, VA 22182-

NAME: RICHARD GARRIOTT OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 8245 BOONE BOULEVARD
 SUITE 570
 CITY/ST/ZIP/CO: VIENNA, VA 22182-

NAME: ROBERT WALKER OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 8245 BOONE BOULEVARD
 SUITE 570
 CITY/ST/ZIP/CO: VIENNA, VA 22182-

NAME: TOM SHELLEY TITLE: PRESIDENT ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KARLYN RADER TITLE: TREASURER ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANDREW LAMPERT TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MCDOWELL TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERTO VASQUEZ TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER DIAMANDIS TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOBY JACKSON TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KARLYN RADER	KARLYN RADER, TREASURER	2/14/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.